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Bib Data Sheet

SERIAL NUMBER 10/623,488	FILING OR 371(c) DATE 07/18/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 5871-00101
APPLICANTS David A. Nelson, Austin, TX;				
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <i>Rm</i> 6/20/06 </div> <div> ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** </div> </div>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/22/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u>		STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 37
			INDEPENDENT CLAIMS 3	
ADDRESS Conley Rose, P.C. P.O. Box 684908 Austin, TX 78768-4908				
TITLE CATHETER SYSTEM AND METHOD FOR ADMINISTERING REGIONAL ANESTHESIA TO A PATIENT				
FILING FEE RECEIVED 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	